

3738



Atty. Dkt. No. 050251/0131

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gray et al.

Title: SURGICAL DEVICE WITH
MALLEABLE SHAFT

Appl. No.: 09/432,523

Filing Date: 3 November 1999

Examiner: D. Isabella

Art Unit: 3738

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231, on the date below.

Susan T. Golab
(Printed Name)

Susan T. Golab
(Signature)

10 April 2002
(Date of Deposit)

TO 3738 MAIL ROOM
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AMENDMENT TRANSMITTAL

Assistant Commissioner for Patents
Box Non-Fee Amendment
Washington, D.C. 20231

Sir:

Transmitted herewith is the Amendment and Response to Restriction Requirement in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	14	20	0	x \$18.00	\$0.00
Independents:	4	4	0	x \$80.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$260.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$380.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$870.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,360.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,850.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

- ☐ Please charge Deposit Account No. 06-1450 in the amount of \$0.00 . A duplicate copy of this transmittal is enclosed.
- ☒ The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10 April 2002
 FOLEY & LARDNER
 One IBM Plaza
 330 North Wabash Avenue
 Suite 3300
 Chicago, Illinois 60611-3608
 Telephone: 312.755.2610
 Facsimile: 312.755.1925

By 
 Paul E. Schaafsma
 Registration No. 32,664
 Attorney for Applicant



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Certificate of Mailing Pursuant to 37 CFR 1.8
I hereby certify that this correspondence and
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the United States Postal Service as first class
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Commissioner for Patents, Box Non-Fee
Amendment, Washington, D.C. 20231 on 10
April 2002

Susan T. Golab
Name

Susan T. Golab
Signature

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Assistant Commissioner for Patents
Box Non-Fee Amendment
Washington, D.C. 20231

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Sir:

This communication is responsive to the Office Action dated 20 March 2002
concerning the above-referenced patent application.

Please amend the application as follows:

In the Claims:

Please amend the following claim:

Claim 45. (Amended) The malleable surgical clamp of claim 43 wherein the
receiving end is a socket and the outwardly projecting engaging end is substantially
hemispherically shaped.